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ABSTRACT

This paper argues that ritual and other cultural forms can be validly compared to one another only at the level of their meaning and that in order to do this one must begin by setting them in the sociocultural context which gives them meaning. A ritual at a hospital for the rehabilitation of drug addicts and alcoholics is described, analyzed, and discussed in terms of cross cultural comparison. It is concluded from this discussion that the first task of the ethnographer is to understand the semantics of action within the system being observed and to systematically report this abstraction from the data. When similar operations have been performed for numerous cultures, genuine cultural comparison and a body of valid scientific knowledge will develop. (TS)

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The Natives Are the Same All Over

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The Natives Are the Same All Over

I A Ritual for Illness:

I am going to begin by presenting a highly condensed description of an event at which I was a participant-observer quite early in the course of my field work at a place I shall call Village of the Eagle. I class it as a "ritual" as that term is defined by Benedict (1934:396) "Ritual is a form of prescribed and elaborated behavior...for occasions not given over to technological routine." I would add to this definition an additional dimension, suggested by Gluckman (1965:285) as that which distinguishes ritual from ceremonial. Both are "highly conventionalized performances," but ritual contains what Gluckman calls a "mystical element"--by which he simply means that the efficacy of the performance depends upon some element which lies outside sensory observation and control, i.e., in some non-empirical realm, believed in but not accessible to direct observation.

I have observed many rituals for the cure of illness in the course of my field work, and probably one-third of them were formally patterned, in their entirety or in part, like the one which follows. This one takes place in a group composed of women, but such events are also part of the therapeutic activities of groups of men suffering from the same sickness.

> Fourteen women ranging in age from 17 to 50, married and unmarried, black and white, rich and poor, are seated in the central room of a cottage in which all but the leader reside together. All but the leader and the observer are patients who suffer from the same disease. It is 10 o'clock on a Wednesday morning, and this is one of five weekly meetings of this group during which they receive treatment for their illness.

The women are seated in a circle, and after some brief preliminaries of greeting Minna, the leader, singles one resident out for attention. Noting that B, a 28 year old married woman with three children, is looking glum, she asks her how she feels. B replies that she has pain in her stomach, a bad headache, and feels generally poorly. This completes the first phase of the ritual, which I call "specifying." B has told the leader her immediate symptoms, and now Minna seeks the cause of B's malaise.

This is done by means of a very lengthy procedure consisting of questions from Minna, answers from B, and periodic interpretations by means of which Minna supplies the true meaning of B's statements, all of which bear not only on her immediate presenting symptoms but on the more serious chronic illness which brought B to this community in the first place. Minna is a specialist in the treatment of this illness, which is believed to be lodged in the head of the patient.

Mirna begins with the here and now. What is B unhappy about at the moment? B's immediate problem is with her husband. She dislikes him, but cannot bring herself to leave him because she has no way to support the children alone. Minna's questions gradually move backward in time, and B tells the group many things about her past life. Her father abandoned the family when she was eight, and her mother became a drunken prostitute. B's early years were spent caring for her mother and little brother, and fighting to defend the family honor when age-mates called her mother bad names. As she grew older her mother, unable to control her, sent her away to be educated among strangers--the culmination of a childhood full of neglect, humiliation and social rejection, as Minna points out repeatedly.

B was not only sinned against, but has sinned as well, as time went on. She once tried to kill her husband in a drunken rage. She has been unfaithful to him at least once. Above all, she feels guilty about the circumstances of her mother's death. B's mother--whose namesake she is--died in disgrace, sick and abandoned, three years before the enactment of this ritual. B didn't know for three days that she was dead, because she had deliberately avoided visiting her for some months.

Now Minna has heard enough to make her diagnosis. She announces to B that she will never get well as long as she "carries her mother inside her." B's relationship to her mother was one full of hatred, resentment and guilt, and it is this which is the root cause of B's illness. With this pronouncement comes the end of the second phase of the ritual, which I call "testifying."

Now Minna places two chairs face-to-face in the center of the circle of women. She seats B in one of them, squats down on the floor next to her, and proceeds to conjure up a vision of B's deceased mother. "Describe your mother," Minna orders. "What does she look like? How tall is she? Is she fat or thin? What is she wearing? What color is her hair? How does she wear it?" When B has supplied all these details Minna says, "Now, look at that chair, B, and picture your mother. There she is, looking at you. Do you see her? Talk to her, B. Tell your mother how you feel about her. Tell her what she did to you."

After some time and several repetitions of this sort of thing, B declares that she can see her mother. She is not able, though, to tell her mother the things Minna wants her to say--to hear her with blame and hatred for the torments B suffered as a child. After all, she argues, her mother is dead--and in this society it is bad luck to speak ill of the dead. Moreover, this is her mother she is talking to--and one's mother, no matter how she has behaved, must be treated with respect. B can only weep and plead for forgiveness for not visiting her mother before she died.

For a long time Minna uses all her ingenuity to prod B into anger. She reminds her of every painful episode in which her mother was to blame, telling B that she has every right to feel angry--that she has been greatly abused. Still B protests that she really loved her mother and cannot feel angry at her.

The rest of the group has been virtually silent now for more than two hours, but they are by no means uninvolved. Their attention is tensely riveted on the two chairs in the center of the room. Finally there is a pause, silence, and then an older woman--herself a mother of three children--murmurs gently "If you don't get well, how long will it be before your children have to fight for you?"

B flinches visibly and closes her eyes. Minna seizes the painful moment to close in. "You had a drunken mother," she shrieks, "and now you are a drunken mother!" She repeats this several times, her voice rising higher and higher. Then she delivers a prophecy that is also a curse. "One day--it's only a matter of time--one day your children will fight other children for calling you names!"

Pale and perspiring, B has begun to fling her head from side to side, her eyes closed. "No, no," she whispers over and over again. Then she screams, "Never! Never! My children won't ever suffer like that! I'll die first!" Minna continues to attack B this way for some time, then she begins to urge her to "Get it out. Tell your mother to go away and let you be! Tell her how you feel about her!"

Finally B experiences what is called, in Village of the Eagle, the "breakthrough." She begins to scream incoherent phrases of rage and hate, telling her mother to go away and leave her in peace. The phase which I call "catharsis"--but which could as well be called "exorcism" has ended.

B is rigid, pale and exhausted at this point. Now Minna administers a rite to restore her to a more relaxed state. B is told to lie down on the floor. There she is instructed to relax each part of her body successively. As she intones these instructions to the patient in soothing tones, Minna gently strokes and massages the parts of B's body, then different areas of her face and head. During this laying-on-of-hands Minna devotes special attention to the places where B had earlier complained of pain--her stomach and temples. After ten minutes or so B visibly relaxes, and her color returns somewhat, The fourth phase of the ritual performance, which I call "restoration" is over.

Two final phases remain after B rises from the floor, still rather shaky. The first entails each member of the group embracing B in turn, with the leader going last. As they embrace B most of the group members murmur phrases of affection and sympathy. They tell B that she has been through a "heavy" experience, but they are sure it has helped her. This phase, which I call "support" because that is what the people themselves call it, is clearly a welcome back into the group, after B's lonely ordeal.

The final rite is brief. The entire group is summoned by Minna to stand in a circle, where they link themselves closely together, arms round each others' shoulders and waists. They sway gently for a few moments in silent unison, then at a signal from the leader they recite a brief prayer in which they ask God for serentiy, courage and wisdom. With this little rite of "solidarity" the morning's treatment session ends, and the group adjourns to another place for their communal meal, tired and solemn following the three hour ritual performance.

II Statement of the Problem:

Perhaps some of you think that what I have just described is the exotic curing practice of some remote tribal or primitive/peasant society. More of you, no doubt, are already aware that I didn't need a passport to go out into the field--for my research was done just a few miles down Ridge Pike in a place which styles itself a "therapeutic community." Its real name is Eagleville Hospital and Rehabilitation Center, and it is a 126 bed in-patient program for the rehabilitation of drug addicts and alcoholics,

situated on the semi-rural premises of a former tuberculosis sanitorium.

Of course I described the ritual in terms that left you, the audience, free to imagine it happening almost anywhere--but I assure you that I have in no way distorted the data, except for eliminating cues which would have given you evidence about context, geographic and cultural. The ritual described can thus be very easily compared with curative rites performed the world over. Many of its formal elements, and even the order in which they occur, are strikingly like one which Gillin (1948) describes for a Pokomám Indian village in Guatemala--and I am certain that a brief look through the Human Relations Area File would yield many more.

The real question which this raises is, of course, whether this fact means that indeed "the natives are the same all over"? Is a therapeutic community licensed by the State of Pennsylvania and supervised by qualified modern medical personnel simply a device for reinventing tribal ritual? The thought is tempting, for a great deal of my data lends itself all too easily to such interpretation. The Eagleville community (as it calls itself) does look as though it has reinvented many traditional rites and institutions--from the role of the berdache and the role of the shaman to the "secret curing society," whose rituals may not be discussed by members with outsiders. The thought is, I confess, almost irresistible to an anthropologist steeped in tribal lore.

But alas, no matter how tempting the opportunity, I cannot in good scientific conscience get off that easily, (and pace George Peter Murdock, the HRAF and most comparative ethnologists, not to speak of Wissler's Universal Culture Pattern.) The comparison of forms removed from their cultural contexts, no matter what kind of statistical correlations it may

reveal, tells us nothing about their cultural meaning or social function. And it seems to me that if cultural anthropology is anything at all, it is the study not merely of forms, but of meaningful forms which are parts of cultural and symbolic systems. (Cf. Geertz and De Man, quoted by Graubard, 1972:vii) Anthropology shares this interest, of course, with some of the Humanities. The difference is that our interest purports to be scientific; and science, we are bound to agree, purports to be nomothetic and cumulative. Its aim is to establish lawful relations between phenomena in such a manner that, as Gluckman (1965:60) has remarked, "the fool of this generation can go beyond the point reached by the genius of the last generation."[1]

This statement of principle, however, involves us in a serious problem. If one takes the position that it is invalid to compare things or events taken out of their socio-cultural contexts because similar forms may express different meanings and different forms may express similar meanings in different contexts,[2] how are we to compare any culture to any other? And without comparison (and generalization) how can we arrive at statements of lawful regularity in human behavior?

Some extreme relativists, of course, take the position that it can't be done; that one must deal with each human group as a separate and unique entity. These people admit, of course, to the premise that Homo Sapiens is a single species and that some events and traits are pan-human, like birth, language, incest taboos and death--but this is nearly all they will admit. Some of the extreme relativists have enriched anthropology with profoundly sensitive ethnographies; but on the whole it seems to me that piling one fine ethnography on another is not what is meant by science being cumulative. It's fun, perhaps, but it's a scientific dead end.

At the other extreme we find some of the comparativists mentioned a moment ago, who may focus exclusively upon fragments of behavior such as the presence or absence of menstrual taboos, and attempt to correlate these with other fragments like castration themes in tribal myth to prove that both are expressions of castration anxiety, and will therefore occur in tandem. Unfortunately the person who did the study to which I refer had to admit that he came up with some "rather peculiar findings" and was forced to explain these by means of a theory about as parsimonious as the Ptolemaic theory of the orbit of Mars.[3] (Cf. Stephens, 1962:116) I have chosen a particularly horrible example, of course, but in principle I do not know what operations would enable an investigator to recognize a genuine "castration theme" in a myth without knowing what the local ideas about the body really are, and what such symbols as a cut--off finger actually suggest, not to him or to Sigmund Freud but to the people of the society under study.

How, then, are we to discover whether and to what extent the natives are the same all over? How are we to perform scientific comparisons in anthropology and the other social sciences?

III A Tentative Proposal:

It seems to me that there must be some middle ground between the alternatives I have described just a moment ago, for each of these positions does violence to the scientific enterprise as I conceive it. Indeed, I believe such a middle ground has already been explored in a kind of implicit way by many social scientists, only to my knowledge its principles and therefore its operations have not been systematically stated. Possibly some clarification can be arrived at if we simply entertain the notion that

cultural anthroplogy has tended to go at the task of comparison from the wrong end, as it were. We have been comparing forms of behavior, on the whole. Perhaps what we should really be doing is to compare the meanings of these forms instead.

Operationally what this implies is that we must start our comparisons not with the most empirical level at our disposal--the raw observations on what people do and say in the course of daily life--but with the systems of meaning which lie behind these behaviors and give them coherence and predictability. To state the matter in a slightly different way, we must start with an analysis of both the grammar and the semantics of behavior in whatever group we may elect to study, then compare these analyses to one another for similarities, differences, universal patterns and whatnot.

But how are we to know what the natives mean by their behavior? Doesn't this approach lead us into a trap of impressionism and unwarranted or unverifiable inference? Would we not then find ourselves comparing not cultures, but the figments of anthropologists' imaginations? How do we get at the meanings of symbolic systems, anyway?

I suggest that it isn't so difficult as it may sound at first. Victor Turner, (1969:7-10) for example, suggests that we simply ask people what they mean by what they are doing, and we may be in for some surprises. That depends, of course, partly on the particular human group and how much exigesis concerning customs, rituals and the like exists among them. (The people of Eagleville happen to be very sophisticated in this regard, and perhaps that prejudices me in favor of the simple technique of just asking.) But of course many aspects of cultural behavior are quite unconsciously performed. The best example of this is probably language. All natives speak, and they often speak grammatically

and comprehensibly to one another, yet almost no native speaker can tell you the rules of his native grammar--and that probably includes a great many of us, even though we have been taught a kind of grammar in school. Yet we can construct grammars, and we do it by means of disciplined inference.

Another way to get at meaning is simply to do what, in fact, ethnographers have always done, and that is to note what the natives tell us is important, what kinds of events seem to arouse interest or excitement either positive or negative, what symbolic forms recur in many different contexts (at Eagleville the embrace is one such, for example), what is most highly elaborated in the culture, and what is most heavily sanctioned, either positively or negatively. (Ortner, 1971:3-4) Evidence of this kind, carefully collected, ultimately begins to suggest hypotheses about meaning which may be checked, again, by either asking people if they agree, by cross-checking through presenting them with hypothetical situations, or through a variety of other means.

IV Ideological Context of Eagleville Ritual:

Now let me move on to try to demonstrate what I mean, rather than get bogged down in methodological discussion at too abstruse a level. I am going to attempt to replace the ritual I described earlier in its cultural context so that its meaning can be understood. Essentially I will take an interactionist stance in so doing: that is, that the people present at the ritual I have described are responding not directly to objects and events in the environment (human objects included, of course) but to the meaning these things have for them--to what I. W. Thomas called the "definition of the situation." These meanings are constructed by means of interaction between the self and others, and they enable human beings

to interpret situations so that they can construct lines of action to fit with others.

I cannot, of course, produce a full-scale ethnography for you in the next five or ten minutes. I shall therefore largely ignore what Geertz (1957:34) calls the "causal-functional" level of integration, which is that referring to social structure, and concentrate primarily on the "logico-meaningful" level of integration, which refers to culture--in this case to that aspect of culture I call "ideology of treatment" at Eagleville. (Treatment is, after all what not only the ritual but the entire "community" is all about.) Eagleville of course has a social structure, and it is quite an elaborate one, but it is only tangentially relevant here. The one feature which I should mention, perhaps, is that the leader or therapist occupies within it a relatively low status with reference to the economic power hierarchies of the outside world, but an extremely high position in the internal power hierarchy of the institution, where he or she has almost undisputed control of the symbols. You have undoubtedly already noted the consequence of this--the authoritative and commanding role played by Minna during the therapy session.

Addiction, at Eagleville, is considered an illness--just as it is in the more enlightened segments of the society at large.[4] It is defined as an uncontrolled and uncontrollable desire to use--and to abuse, even at great risk to health and life--one or more chemicals, including alcohol, which alter the user's state of consciousness. The habit is not <u>caused</u> by the substances themselves, even though they may be physiologically add

ing like heroin, or poisonous in large amounts, like alcohol. The real cause of addiction is the abnormal need some people have to "get high" or alter consciousness. People use drugs, it is said, not because they have to but because they want to; but the reasons they want to are usually so compelling that the distinction between the two terms is not very important.

Essentially the resort to drugs is symptomatic of a desire to escape pain of some variety--usually psychic pain. This pain is not something that is purely intra-psychic, though that is where it is felt, ("in the head" in local argot). It is, rather, the product of deranged social relationships--either at the macro-level of the larger community from which the addict comes, or at the micro-level of the family constellation. Most often the therapist concentrates on the latter, as was evident in B's therapy session where most of the material elicited had to do with B's close relatives, and the root cause of her illness was attributed to her relationship with her mother. This is not always the case, however. Sometimes, for example, the experiences a patient has had as a black person, as a woman or as a poor person are considered important.

Addiction is considered an incurable disease at Eagleville. It can be treated and arrested, but the addict label is truly an essentializing one. Once an addict, always an addict, even if one remains abstinent for most of a lifetime. There is an "addictive personality" which characterizes all addicted people regardless of the substance they prefer and whether it is legal or illegal to obtain. Indeed, people suffering from this personality disorder will use almost anything to "get high" if their drug of

choice is unavailable. (And Eagleville points to the high alcoholism rates developing in many methadone programs to prove their contention.)

The goal of treatment is, therefore, total abstinence from all psychotropic drugs for a lifetime, starting from the moment the resident enters the Inpatient Division of the program. And the philosophy or ideology of treatment is in line with both the theory of etiology I have sketched just now and the goal of total abstinence.

Since the patient's personality disorder is both a result of disordered social relationships and a cause of additional trouble in relating to other people, the idea of treatment is to compel him to relate to other people, and to teach him how to do this in ways that are "healthy." Thus the basic prescription is a group therapy, where the addict can learn what is wrong with both past and present human relationships and, monitored by both therapist and group members, learn how to behave differently than he has in the past.

Note, in the ritual I have described, that B is forced to express hate and anger--something she finds very difficult to do--against her mother. This phase of the performance, which I have called "catharsis," is meant to begin the process of breaking a pattern of denial of her own negative feelings--hence the apt local term "breakthrough." Indeed, B's breakthrough involves not only breaking her own "sick" behavior pattern, but a valued pair of patterns of the society outside Eagleville. She must speak ill of the dead, and she must vilify her own mother before a group of non-relatives. Both are highly tabooed behaviors in the black ghetto from which B comes, as elsewhere.

In addition to therapy sessions proper, however, there is the life of the "community" (and I won't get into what is or is not a true "community"

at this point, but simply accept the local definition.) The community as a whole is conceived of as therapeutic, because it is here that the resident can put into practice in less highly ritualized, more "ordinary" contexts, the lessons he has begun to learn about himself and about the ways in which he ought now to behave. Key values of the community at large, besides the two basic rules of abstinence and non-violence, are explicitly stated as "honesty, openness and responsible concern" in relation to oneself and others. These, the Eagleville social virtues par excellence, have the effect of enabling people to predict one another's behavior, and hence to develop trust in one another. This trust feeds back into therapy itself, so that the kinds of revelations B made during the "testifying" phase are possible. They also have the effect of sanctioning behavior which would be considered scandalous interference with other people's privacy in the larger society outside. Public criticism and unmerciful monitoring of the behavior of others is not merely a right but a duty of all members of the Eagleville community. It is conceptualized as "protection" and "support" for residents who have not yet developed the inner strength to control their own behavior in accord with rules and standards set by the community. It is the expression of "responsible concern."

It was therefore the duty of another resident, for example, to reveal during B's therapy (in an item I left out of the condensed version) that she has been receiving phone calls, late at night, from a male former resident with whom she was not supposed to have contact. More subtly, it was the duty of the older woman who found B's achilles heel--her concern for her

children--to cooperate in helping the therapist to force B to the point of "breakthrough." It also behooves people to "pull coats" (a term meaning public reproof or reminder) if they observe anyone pairing off in hidden corners, and so on, ad infinitum.

It is continually emphasized at Eagleville that recovery from addiction is slow, painful and difficult. It involves, in the picturesque local argot, "turning your head around," which occurs when you display the courage and tenacity to "get it together," another meaningful phrase. In our own social scientific jargon, these terms might be translatable as re-enculturation and resocialization.

Since it is so difficult to undergo the drastic changes in oneself that these terms imply, there must be some immediate as well as more remote rewards. In the ritual I have described these come first in the form of physical relief following an ordeal which left B feeling rather worse than before--the caressing sort of physical relaxation exercise I have called "restoration"--and then in the form of emotional warmth through the physical embraces offered by the group and through their approving comments. The group also reinforces, by this means, the rightness of Eagleville norms--being honest and open about hating your mother--as opposed to those of the Real World, where that kind of honesty is hardly allowed. Indeed, during such rituals the amount of approval the group expresses is usually directly proportional to the horror of the crimes the subject of the ritual has confessed, or to the agonies he or she has suffered as victim of the crimes of others. It doesn't seem to matter which--as long as the material is defined as "heavy."

This brings me to the last phase of the ritual, which I have called a "rite of solidarity." In the Eagleville ideology all members of the community are supposed to be strictly equal, no matter what their station in life before coming into this community. Rich or poor, educated or ignorant, talented or not, black or white, male or female and--ideally --staff or resident, all are alike in that they are "sick," and therefore are able to benefit from living and working in a therapeutic community. The addicts, of course, share the sickness of addiction--whether they are staff members whose addiction is arrested, or residents. But even the non-addicted staff proclaim that, though they may be less sick than the others, they too--and almost all human beings--need help, and find it at Eagleville through their participation in the common enterprise of "people helping people." No one is so sick that he cannot help another, and no one is so well that he needs no help. Thus when the group of women present in the cottage link themselves together in a circle they are incorporating both Minna, the therapist, and B, who have been separated from the group during most of the ritual. They form now into a single undifferentiated mass which is the group. And when the prayer is said, Minna says it too, for she also needs serenity, courage, wisdom, and God's help.

I have been able merely to touch, here, upon the features of Eagleville ideology, the cultural premises which are most relevant to the ritual under analysis. Left out of the account for lack of time are some highly important aspects of the culture (or sub-culture if you prefer) such as the way in which its cosmology handles the relationship between

Eagleville and the Real World, The Program and The Street, addicts and non-addicts and the like. But one important part of the cosmology should be at least briefly discussed, because it is the basic premise upon which all the hocus pocus I've spent so long a time talking about is based. This is the Eagleville conception of what a human being is "really" like.

In our society it is often said that you can't change human nature, and by this it is usually meant that you can't change the more unpleasant aspects of people's behavior which we often think of as being "in nature" rather than "in culture." At Eagleville, however, the fundamental article of faith is that no matter how low they have fallen, no matter what they have done habitually in the past, human beings <u>can</u> change. Given the opportunity of a proper environment in which the most important ingredient is other people and their support, and given that everyone--no matter how "sick"-- has some healthy part of himself that wishes to change, there is hope at any time of life even for hard cases like addicted people. In short, human beings are seen as almost infinitely malleable and adaptable, as capable of learning new values and new definitions to which they can respond no matter how "sick" they may be. The methods used to induce change may have to be forceful, even coercive, but change is possible for everyone if they remain in the therapeutic environment long enough for it to take effect.

V Comparison at the Cultural Level

Now, back to the problem originally posed which, as you may remember, was the problem of how to do valid cross-cultural comparison. The tentative solution I proposed was that we compare not forms, but meanings and systems

of meanings which the forms represent. Then I suggested a general method which I hope I have convincingly, if only very sketchily, carried out by replacing the curing ritual in its cultural context so that the meanings of the ritual elements emerged.

The next step should be comparison between these meanings and others, both similar and dissimilar, elsewhere in the world. Again, time is lacking to do this sort of thing in a complete manner, but I can at least indicate some directions and possibilities.

The belief that illness is caused by something going wrong in the patient's relationships with other people--living or dead--is a good one to begin with because it is so widespread. At this level of generality we find the meaning of Manus confessions extorted, in pre-Christian times in New Guinea, by mediums or diviners. When a member of any household fell ill it was thought to be the result of the displeasure of Sir Ghost, an ancestral spirit who acted to enforce the moral order with respect to sexual and economic behavior. He usually sickened not the offender himself, but the most vulnerable member of the family. If the criminal did not confess, however, he would become the murderer of a member of his own household. In order to placate Sir Ghost and to show love for the sick family member he had to set things to rights by means of a publicly shaming confession. When Christianity arrived, Sir Ghost disappeared in favor of the internalized moral censor. This transferred the cause of illness to concealed anger and spite resulting from trivial quarrels between relatives, which must be confessed in time to save the sick person's life. (Mead, 1956:94, 333.) (Cf also, illustrations in Hudson, 1972)

Similarly, among the Tallensi and some other African tribes angry ancestral spirits are thought to bring misfortune because their descendants have failed to maintain proper relations with them, or with living members of the kin group. Here the remedy is not confession, as at Eagleville or on Manus, but offerings and sacrifice to these spirits. These rites can only take place when participants have reestablished amicable relations with one another. (Gluckman, 1965: 261-262)

Indeed, without going into further ethnographic details, it seems safe to propose that distorted, hostile or sin-laden relations with significant others in one's social universe are quite commonly thought to cause disease and even death. A comparative study, then, not of <u>forms</u> such as "confession" but of <u>meanings</u> such as the source of sickness lying in social relationships, might well provide us with a link between the natives of a modern "therapeutic community" and the natives of a lot of other places--even though they are not, perhaps, "the same all over."

A classic effort in this direction, at a still higher level of abstraction, was the work of Van Gennep who wrote in 1909 about Rites of Passage. His work, in turn, provided Victor Turner (1969) with a most useful way to view the meanings of various rites of the Ndembu which occur in connection with changes of status during the life cycles of individuals, and by extension to the examination of all sorts of other status changes in many societies, including our own.

Most of you are, of course, familiar with Van Gennep's work, and the fact that he concerned himself with rituals that accompany what he termed "life-crises" such as birth, marriage, parenthood and death. In the rites

which many if not most societies employ to mark these transitions from one social state or status to another, he distinguished three structural phases which appear to have similar meanings and functions--though not equal elaboration or emphasis--the world over. There is a "preliminal" phase in which the individual is separated from the social group; a "liminal" or transitional phase during which the person hangs between two worlds, as it were, and undergoes certain rites, ordeals or teachings which will fit him to occupy his new social position, but, in this phase he is temporarily without any particular status; and finally there is a "postliminal" phase in which he is incorporated once more into the community and his new social role.

Perhaps this reminds you of something. Obvicusly B's ritual ordeal and its sub-phases can fit easily into Van Genneps's scheme. She is separated from the group by being singled out to specify her complaint, she goes through a period of trial in which she is taught new behavior and suffers considerably, and finally she is reincorporated into the group as one who has "grown" through the experience toward her goal of recovery from illness.

Indeed, the entire rehabilitation program can be seen as a rite of passage writ large. The patient is separated from the Real World and his habitat within it, an evil place known as The Street. He spends sixty days in a kind of utopia (remember that utopia means "nowhere") where he is subjected to trials and teachings which are designed to transform him from a deviant "sick" person into a healthy "straight" person. And finally--ideally by a series of easy stages--he effects a "reentry" into

the Real World where, if he has learned well and is lucky, he can occupy a newly-respectable status. As in many primitive rites of passage he has been metaphorically reborn.

VI Summary

In summary, what I have attempted to say here is really rather simple. That is, that ritual forms--and other cultural forms as well--can be validly compared to one another only at the level of their meaning, and that to do this we must begin by setting them in the socio-cultural context which gives them meaning. I have noted that similar meanings can be symbolized by quite different forms, and that, conversely, similar forms can carry quite different meanings. This complicates, but does not I think preclude the comparative efforts which are essential to a truly scientific approach to the study of culture.

The first task of the ethnographer, then, must be to understand the semantics of action within the system he is observing, and to report this abstraction from his data systematically. When similar operations have been performed for many cultures--and indeed much work of this kind has been done already--genuine cultural comparison, and a body of genuinely scientific knowledge can grow.

NOTES

1. Kuhn, I know, presents quite a different model, one of "revolution" or periodic paradigmatic change. This is not, however, entirely inconsistent with my statement here, since within the period during which "normal science" goes on, scientific knowledge is cumulative and it is through the operation of normal science that anomaly finally comes to light and creates the necessity for a new paradigm. In short, normal science is necessary to the revolution, and vice versa--the overall effect, I suggest, being forward movement in understanding and the formulation of valid generalizations.

2. Leach (1965:279) expresses a similar notion in Political Systems of Highland Burma "In my first chapter I set out my problem as being a study of how particular structures can assume a variety of cultural interpretations and how different structures can be represented by the same set of cultural symbols."

3. As I recall, Stephens unfortunately found low statistical correlations between"castration themes " and both the longest and shortest menstrual and postpartum taboos. His explanation was couched in terms of "high anxiety levels""over Oedipal conflicts in Societies with long taboos, to the extent that castration themes were "repressed" in mythological expressions.

4. It is, of course, a stigmatized illness that really borders on both sin and crime.

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